

## General

### Title

Occupational health: rate of American College of Occupational and Environmental Medicine (ACOEM) membership per 100,000 employees age 16 years or older.

### Source(s)

Council of State and Territorial Epidemiologists (CSTE), National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC). Occupational health indicators: a guide for tracking occupational health conditions and their determinants. Atlanta (GA): Council of State and Territorial Epidemiologists (CSTE); 2016 Mar. 145 p.

## Measure Domain

### Primary Measure Domain

Population Health Quality Measures: Population Structure

### Secondary Measure Domain

Does not apply to this measure

## Brief Abstract

### Description

This measure is used to assess the rate of American College of Occupational and Environmental Medicine (ACOEM) membership per 100,000 employees age 16 years or older.

### Rationale

State health agencies, which are vested with the legal authority to require disease reporting and collect health data, play a central role in public health surveillance. Whereas public health surveillance was once focused primarily on infectious diseases, it has expanded in recent years to include surveillance of a wide range of health outcomes and their determinants, including chronic diseases, injuries and health behaviors (Halperin & Horan, 1998). National statistics on occupational injuries and illnesses have been collected largely outside of the public health infrastructure and rely almost entirely on data reported by employers. State health agencies that have access to a wide variety of public health data systems have

an important role in the surveillance of occupational diseases, injuries and hazards.

Work-related injuries and illnesses are preventable. It is important to determine if there are sufficient trained personnel to implement occupational health preventive services.

Physicians with training and/or special interest in occupational medicine provide both primary, secondary and tertiary occupational health preventive services. In 1989, the American Medical Association recommended that there be one physician per 1,000 employees. Occupational health nurses provide a great deal of the onsite occupational health care. Industrial hygienists and safety professionals are typically the primary individuals responsible for evaluating workplaces and making recommendations to prevent occupational injuries and illnesses.

## Evidence for Rationale

Council of State and Territorial Epidemiologists (CSTE), National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC). Occupational health indicators: a guide for tracking occupational health conditions and their determinants. Atlanta (GA): Council of State and Territorial Epidemiologists (CSTE); 2016 Mar. 145 p.

Halperin W, Horan JM. Surveillance of injuries. Public Health Rep. 1998 Sep-Oct;113(5):424-6. [PubMed](#)

## Primary Health Components

Occupational health; safety; preventive services

## Denominator Description

Employed persons age 16 years or older for the same calendar year

## Numerator Description

Number of members of the American College of Occupational and Environmental Medicine (ACOEM) (see the related "Numerator Inclusions/Exclusions" field)

## Evidence Supporting the Measure

### Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

### Additional Information Supporting Need for the Measure

Unspecified

## Extent of Measure Testing

In 1998, the Council of State and Territorial Epidemiologists (CSTE), in association with the National Institute for Occupational Safety and Health (NIOSH), convened the NIOSH-States Occupational Health Surveillance Work Group to make recommendations to NIOSH concerning State-based surveillance activities for the coming decade.

The Work Group recognized the need to pilot test 19 indicators to assess the feasibility of widespread implementation and to develop specific guidance on how to compute the proposed measures. In summer 2002, the five "Core" states with NIOSH Cooperative Agreements to conduct "Core Occupational Health Surveillance" (California, Massachusetts, Michigan, New York, and Washington) agreed to pilot test the indicators and to create user-friendly "how-to" guides so that other states could calculate the indicators.

Subsequent to the initial pilot testing by the five "Core" states, eight additional states (Connecticut, Maine, Nebraska, New Jersey, New Mexico, North Carolina, Oregon and Wisconsin) pilot tested the "how-to" guides. Feedback from these additional states was incorporated into the development of the final "how-to" guides for 19 indicators in November 2004.

Procedures to review, approve, and implement new indicators were developed by the Work Group. In 2013, a fourteenth health effect indicator (*Asthma among Adults Caused or Made Worse by Work*) was developed and pilot tested. The Work Group voted to adopt this as the twenty-first indicator. In 2014, a fifteenth health effect indicator (*Work-Related Severe Traumatic Injury Hospitalizations*) was developed and pilot tested. The Work Group voted to adopt this as the twenty-second indicator.

## Evidence for Extent of Measure Testing

Council of State and Territorial Epidemiologists (CSTE), National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC). Occupational health indicators: a guide for tracking occupational health conditions and their determinants. Atlanta (GA): Council of State and Territorial Epidemiologists (CSTE); 2016 Mar. 145 p.

## State of Use of the Measure

### State of Use

Current routine use

### Current Use

not defined yet

## Application of the Measure in its Current Use

### Measurement Setting

National Public Health Programs

State/Provincial Public Health Programs

### Professionals Involved in Delivery of Health Services

not defined yet

## Least Aggregated Level of Services Delivery Addressed

State/Provincial

## Statement of Acceptable Minimum Sample Size

Does not apply to this measure

## Target Population Age

Age greater than or equal to 16 years

## Target Population Gender

Either male or female

## National Framework for Public Health Quality

### Public Health Aims for Quality

Health Promoting

Population-centered

Risk Reducing

Transparency

Vigilant

## National Strategy for Quality Improvement in Health Care

### National Quality Strategy Aim

Healthy People/Healthy Communities

### National Quality Strategy Priority

## Institute of Medicine (IOM) National Health Care Quality Report Categories

### IOM Care Need

Not within an IOM Care Need

## IOM Domain

Not within an IOM Domain

## Data Collection for the Measure

### Case Finding Period

The calendar year

### Denominator Sampling Frame

Geographically defined

### Denominator (Index) Event or Characteristic

Geographic Location

Patient/Individual (Consumer) Characteristic

### Denominator Time Window

not defined yet

### Denominator Inclusions/Exclusions

Inclusions

Employed persons age 16 years or older for the same calendar year

Exclusions

Unspecified

### Exclusions/Exceptions

not defined yet

### Numerator Inclusions/Exclusions

Inclusions

Number of members of the American College of Occupational and Environmental Medicine (ACOEM)

Note: Refer to the "How-To Guide – Indicator #17" section of the original measure documentation for instructions to calculate the rate of ACOEM membership per 100,000 employees age 16 years or older.

Exclusions

Unspecified

### Numerator Search Strategy

Fixed time period or point in time

## Data Source

Other

## Type of Health State

Does not apply to this measure

## Instruments Used and/or Associated with the Measure

Unspecified

## Computation of the Measure

### Measure Specifies Disaggregation

Does not apply to this measure

## Scoring

Rate/Proportion

## Interpretation of Score

Desired value is a higher score

## Allowance for Patient or Population Factors

not defined yet

## Standard of Comparison

not defined yet

## Identifying Information

### Original Title

17.2 Rate of ACOEM membership per 100,000 employees.

### Measure Collection Name

Occupational Health Indicators

### Measure Set Name

## Submitter

Council of State and Territorial Epidemiologists - Professional Association

## Developer

Centers for Disease Control and Prevention - Federal Government Agency [U.S.]

Council of State and Territorial Epidemiologists - Professional Association

## Funding Source(s)

Centers for Disease Control and Prevention (CDC)–National Institute for Occupational Safety and Health (NIOSH) Award 2-R01 OH010094-05: Enhancing State-Based Occupational Health Surveillance Capacity

## Composition of the Group that Developed the Measure

Original Work Group Members: National Institute for Occupational Safety and Health (NIOSH)–Council of State and Territorial Epidemiologists (CSTE) Occupational Health Surveillance Work Group

Wayne Ball, Utah Department of Health  
Geoffrey Calvert, NIOSH  
Robert Castellan, NIOSH  
Letitia Davis, Massachusetts Department of Health  
Robert Harrison, California Department of Health Services  
Michael Heumann, Oregon Department of Health Services  
Kim Lim, Maine Department of Labor  
John Myers, NIOSH  
Matt London, New York State Department of Health  
Latoya Osmani, CSTE  
David Parker, Minnesota Department of Health  
Kenneth Rosenman, Michigan State University  
Robert Roscoe, NIOSH  
Diana Salzman, Texas Department of Health  
John Sestito, NIOSH  
Catherine Thomsen, Oregon Department of Human Services  
David Valiante, New Jersey Department of Health and Senior Services

Core State Members of the Occupational Health Surveillance Pilot Project

Barbara Materna, California Department of Health Services  
Florence Reinisch, California Department of Health Services  
Tsegaye Bekle, Massachusetts Department of Public Health  
Letitia Davis, Massachusetts Department of Public Health  
Rokho Kim, Massachusetts Department of Public Health  
Thomas Largo, Michigan Department of Community Health  
Martha Stanbury, Michigan Department of Community Health  
Alicia Fletcher, New York State Department of Health  
Kitty Gelberg, New York State Department of Health  
Dave Bonauto, Washington State Department of Labor and Industries  
Christy Curwick, Washington State Department of Labor and Industries

## Current Occupational Health Indicator (OHI) and Work Group Leads

Marija Borjan, *Co-chair* (State Representative from New Jersey)

Tristan Victoroff, *Co-chair* (NIOSH Representative)

Patricia Schleiff, *Co-chair* (NIOSH Representative)

Amy Patel, *Secretary* (CSTE)

Naomi Anderson, *OHI Lead* (State Representative from Washington)

## Financial Disclosures/Other Potential Conflicts of Interest

None

## Adaptation

This measure was not adapted from another source.

## Date of Most Current Version in NQMC

2016 Mar

## Measure Maintenance

Annually

## Date of Next Anticipated Revision

Unspecified

## Measure Status

This is the current release of the measure.

This measure updates a previous version: Council of State and Territorial Epidemiologists (CSTE), National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC). Occupational health indicators: a guide for tracking occupational health conditions and their determinants. Atlanta (GA): Council of State and Territorial Epidemiologists; 2014 Mar. 116 p.

## Measure Availability

Source available from the [Council of State and Territorial Epidemiologists \(CSTE\) Web site](#)

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For more information, contact CSTE at 2872 Woodcock Boulevard, Suite 250, Atlanta, GA 30341; Phone: 770-458-3811; Fax: 770-458-8516; Web site: <https://cste.site-ym.com/> .

## NQMC Status

This NQMC summary was completed by ECRI Institute on January 19, 2015. This NQMC summary was verified by the measure developer on February 25, 2015.

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verified by the measure developer on October 19, 2015.

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## Production

### Source(s)

Council of State and Territorial Epidemiologists (CSTE), National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC). Occupational health indicators: a guide for tracking occupational health conditions and their determinants. Atlanta (GA): Council of State and Territorial Epidemiologists (CSTE); 2016 Mar. 145 p.

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